

# TVSEF Qualified Scientist Form (TVSEF-2)

## SENIOR CATEGORY ONLY

Required for research involving animals, controlled substances and pathogens; may be required for DNA, tissues, and humans. Must be signed prior to the start of student experimentation

1) Student's Name \_\_\_\_\_

5) Title of Project \_\_\_\_\_

### To be completed by the Qualified Scientist:

Scientist's Name: \_\_\_\_\_

Earned Advanced Degree: \_\_\_\_\_ Degree Specialty: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

1) Will nonhuman vertebrate animals be used? ..... ☐ yes ☐ no

2) Will human subjects be used? ..... ☐ yes ☐ no

3) Will controlled substances be used? ..... ☐ yes ☐ no

(includes DEA classed substances, prescription drugs, alcohol and tobacco)

#### If yes,

a) Will they be used according to existing ..... ☐ yes ☐ no  
local, state and federal regulations?

b) Please list the name(s) of the controlled  
substance(s): \_\_\_\_\_

4) Will recombinant DNA be used? ..... ☐ yes ☐ no

5) Will pathogenic agents be used? ..... ☐ yes ☐ no

If yes, name(s) \_\_\_\_\_

If yes, will accepted procedures be used? ..... ☐ yes ☐ no

6) Will human blood, blood products or body fluids be used? ..... ☐ yes ☐ no

7) Will hazardous substances or devices be used? ..... ☐ yes ☐ no

If yes, list or describe \_\_\_\_\_

I certify that I have reviewed and approved the **Research Plan** prior to the start of the experimentation. If the student or Designate Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in **the Research Plan**. If an addictive substance is used in this research, I certify that I possess a DEA license required for procuring and dispensing an addictive substance. I understand that a Designated Supervisor is required when the student is not conducting research in my laboratory.

Qualified Scientist's Printed Name

Signature  
(Beige)

Date of Approval

